

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003229

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6006 Registrar's No. 28

AMENDED

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cairo Twp</u>		c. CITY OR TOWN <u>Cairo</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>R2D 1 Cairo</u>		d. STREET ADDRESS <u>RFD #1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANDREW GEORGE ROTH</u>		4. DATE OF DEATH Month Day Year <u>January-30-1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-28-1902</u>
9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and state or country) <u>Paderborn, G.D.R.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Roth</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Neubig</u>	
14. NAME OF HUSBAND OR WIFE <u>Matilda Roth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mrs. Andrew Roth Cairo MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Coronary thrombosis.</u> DUE TO (b) <u>—</u> DUE TO (c) <u>Coronary arteriosclerosis with angina</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic peripheral vessels</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u> <u>over 3 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>—</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>	
20g. STATE <u>—</u>		21. I attended the deceased from <u>April 27, 1961</u> to <u>Dec 14, 1961</u> and last saw him alive on <u>Dec 14, 1961</u> Death occurred at <u>630 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Charles Clowers M.D.</u>		22b. ADDRESS <u>—</u>	
22c. DATE SIGNED <u>Feb 1/62</u>		23a. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	
23b. LOCATION (City, town or county) <u>Moherly Missouri</u>		23c. DATE RECD. BY LOCAL REG. <u>2-1-62</u>	
23d. FUNERAL DIRECTOR <u>Cater Funeral Home Moherly MO</u>		23e. ADDRESS <u>—</u>	
23f. DATE RECD. BY LOCAL REG. <u>2-1-62</u>		23g. REGISTRAR'S SIGNATURE <u>—</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

FEB 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. H117

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.